

CMS Issuer Technical Work Group



- ***Housekeeping***
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 - ***IC834 Updates***
- ***Compliance and DE/EDE Updates***
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- ***ER&R***

Q&A

August 6, 2019

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:
This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	29	30	31	01 Data Recon & Inbound 834/BAA Workgroup 12:30- 1:30pm	02	03
04	05 CCIIO Enrollment Webinar(Policy Focus) 12:00pm-1:00pm	06 CMS Issuer Technical Workgroup 3:00pm-4:30	07	08 Data Recon & Inbound 834/BAA Workgroup 12:30- 1:30pm	09	10
11	12	13 CMS Issuer Technical Workgroup 3:00pm-4:30	14	15 Data Recon & Inbound 834/BAA Workgroup 12:30-1:30pm	16	17
18	19 CCIIO Enrollment Webinar(Policy Focus) 12:00pm-1:00pm	20 CMS Issuer Technical Workgroup 3:00pm-4:30	21	22 Data Recon & Inbound 834/BAA Workgroup 12:30-1:30pm	23	24
24	25	26 CMS Issuer Technical Workgroup 3:00pm-4:30	26	27 Data Recon & Inbound 834/BAA Workgroup 12:30-1:30pm	28	29

Requesting Updates to the CMS Issuer Distribution List

The CMS Issuer Communications Distribution List sends e-mail messages pertaining to :

- ✓ Alerts on Deliveries for Enrollment Pre-Audit files; Enrollment Reconciliation Files; Open Enrollment Activities; IC834 Activities (Specifically processing schedules, delays in processing or reporting), and other alerts.
- ✓ Daily IMP1A status

The CMS Issuer Communications Distribution List sends e-mail alerts:

- ✓ Daily between 10:30 and 11:00 AM EST.

To add yourself to the distribution list:

- ❖ Send an e-mail to CMS_Issuer_Communications@cms.hhs.gov with the subject line:
"Add POC to Distribution List"

To remove yourself from the distribution list:

- ❖ Send an e-mail to CMS_Issuer_Communications@cms.hhs.gov with the subject line:
"Remove POC from Distribution List"

To add multiple contacts to the distribution list:

- ❖ Send an e-mail to CMS_Issuer_Communications@cms.hhs.gov with the subject line:
"Add POC to Distribution List"
- ❖ Include the email addresses of all desired contacts to be added in the body of your message

To remove multiple contacts from the distribution list:

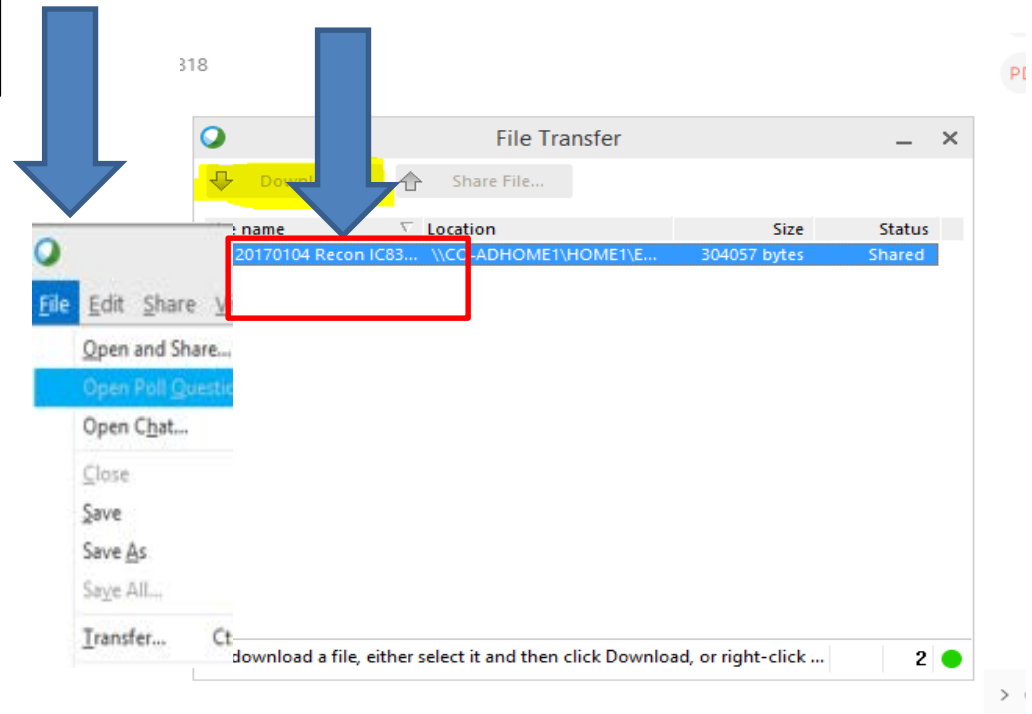
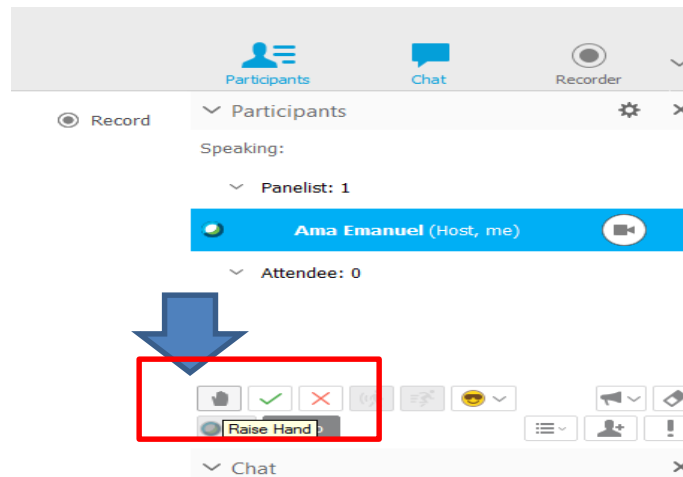
- ❖ Send an e-mail to CMS_Issuer_Communications@cms.hhs.gov with the subject line:
"Remove POC to Distribution List"
- ❖ Include the email addresses of all desired contacts to be removed in the body of your message

***PLEASE NOTE:** Any email addresses included in the body of your distribution requests may be subject to the action requested. Please ensure you omit any superfluous addresses not intended for receipt of your requested action (i.e. IT support distributions, alternate personal email, etc.)

Asking a Question/downloading the Meeting pdf slides in the Web-Ex Platform

To ask a question, please select the raised hand icon at the start of Q&A session. It is the icon at the bottom of the participant list. Please deselect by clicking on the hand again. This would apply whether you no longer have a verbal question or once our question is answered.

To download the pdf version of today's deck, open the "File Transfer" box on your screen. If not, please select "File, then "Transfer" and "Download" (as captured below.) The "Download" button will be grey.



Access to CMSzONE & the Private Issuer Community

User Access Quick Guide

A copy of the comprehensive User Access Quick Guide is posted on zONE @:

<https://zone.cms.gov/document/zone-access-troubleshooting> (pre-log in required to access zONE links)

Three audiences:

1. **New Users** (new to zONE & EIDM)
2. **Existing EIDM Users** (new user to zONE)
3. **Existing zONE Users** (unable to log-in since the EIDM transition)

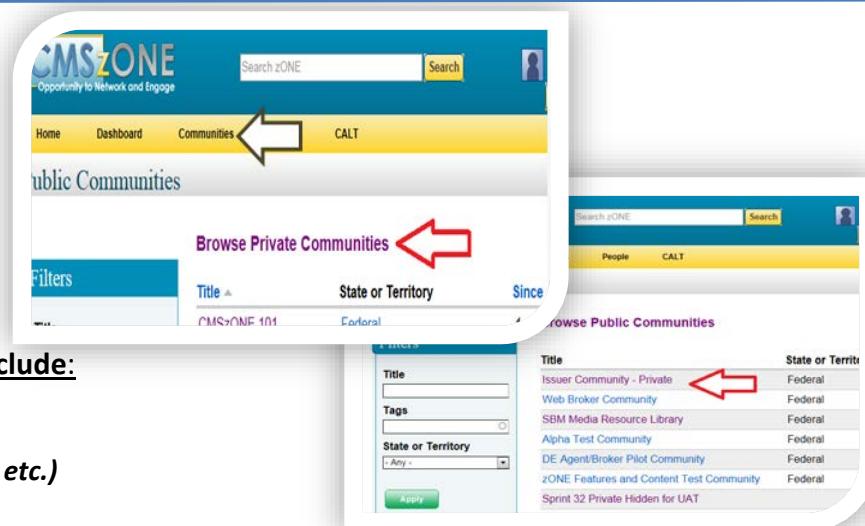
EIDM Registration Process: (Pre-requisite to CMSzONE Access)

1. Register for access at EIDM Enterprise Portal Here: <https://portal.cms.gov/>
2. Log in with your EIDM credentials and click on “Request Access Now”
3. Click on “Request New Access” and choose CMSzONE

CMSzONE Private Issuer Community

Access: (After being granted EIDM access)

1. Log into zONE; click on the **Communities tab**
2. Click **Browse Private Communities**
3. Click **Issuer Community – Private**
4. Click **Join Community**
5. Provide explanation of why you need access to this community; **Include:**
 - name and contact information
 - issuer POC contacts
 - specific work for issuer (i.e. fill out QHP templates, processing 834's, etc.)



Troubleshooting access to CMSzONE

REGISTRATION, PASSWORD RESETS, & FORGOTTEN PASSWORDS

- **New Users:** Registration & community approval are typically completed in 1-3 business days, if not sooner.

If you are unable to access zONE, and/or the issuer community after 3 business days you may email a follow up request to the helpdesk & the issuer communications team (addresses below) for an update. Please include any provided ticket numbers & applicable context for reference.

- **Existing zONE Users :** Password resets are also typically completed in 1-3 business days, if not sooner.

If your request is not completed after 3 business days, you may email a follow up request to the helpdesk & the issuer communications team (addresses below) for an update. Please include any provided ticket numbers & applicable context for reference.

ALL OTHER CMSzONE ACCESS ISSUES

Prerequisite Details

- Capture screenshots of any errors received so our teams can troubleshoot

☐ PC = Ctrl + PrtScn to capture, Ctrl + V to paste / Mac = Command+Shift+4 to capture & send to a desktop file

Email

- Provide screenshots and applicable prerequisite information above, in an email body, as follows:

- ❖ With the subject line: **“zONE Access Issues”**
- ❖ To: CMS_FEPS@cms.hhs.gov
- ❖ Cc: or Bcc: CMS_Issuer_Communications@cms.hhs.gov

Reminder: Supported Browser Versions

- ✓ Internet Explorer Version 9.0
- ✓ Internet Explore Version 10.0
- ✓ Google Chrome
- ✓ Safari

Follow-Up

- If the issue is not resolved within 3 business days, you may email a follow up request:

- ❖ With the subject line: **“zONE Access Issues : 3+day follow up”**
- ❖ To: CMS_FEPS@cms.hhs.gov & CMS_Issuer_Communications@cms.hhs.gov
- ❖ Include (where possible) explanation message, screenshots, ticket #(s) received, and number of days outstanding

New Series for the CMS Issuer Technical Workgroup Call (Series III)

The Tuesday Issuer Technical Workgroup started a new series on today Tuesday, August 6, 2019 at 3:00 PM EST.-Please register here <https://meetings-cms.webex.com/meetings-cms/k2/j.php?MTID=t1ee33e596961101e4a00ce2fdd928fce> for the new Tuesday Issuer Technical Workgroup Call Series III.

Once the host approves your registration, you will receive a confirmation email with instructions for joining the session.

- Please continue to use the Thursday Recon-IC834 Workgroup call registration that they have stored and receive e-mail updates from messenger@webex.com. For reference registration information is below:

Note: CMS will continue to keep call participants informed of any further changes of the Cisco Web-EX platform.

IC834 – PY2018 Deadline (Reminder)

- Issuers are strongly encouraged to send all outstanding enrollment updates for Plan Year 2018 to the FFM
- The Inbound FFM Individual Market **will accept IC834 submissions for 2018 policies until Monday, August 12, 2019 at 11:59PM EST**
- Starting August 13, 2019, Issuers will receive rejected BAAs for “Year Out of Range” in response to IC834 transactions for 2018 policies. For reference, these are the error codes issuers will receive for submitting transactions outside of the acceptable year range:
 - Effectuations: E126
 - Cancellations: E127
 - Terminations: E128
 - Maintenance: E129
 - Reinstatements: E156
- Should an Issuer need to apply corrections for 2018 policies after August 12, 2019, trading partners may leverage the Enrollment Resolution and Reconciliation (ER&R) process
- Please note this deadline does not impact IC834 transactions for 2019 enrollments

Direct Enrollment (DE) and Enhanced Direct Enrollment (EDE) Reminders and Announcements: Compliance Team



Tuesday, August 6, 2019

Outline of Compliance Slides

- Enhanced Direct Enrollment (EDE) Calendar Year 2020 Timeline FAQ (reminder)
- More Information Regarding FAQs on EDE Participation Requirements
- Updated ISA Appendix B - Data Sharing and Connection Form (reminder)

New EDE Calendar Year 2020 Timeline FAQ (reminder)

- The EDE Timeline FAQ for Calendar Year 2020 is available [here](#) and on [CMS zONE](#)
- The document outlines:
 - The requirements and submission timeline for prospective EDE Entities or EDE Entities pursuing entity-initiated change requests or phase changes that plan to seek approval to use the EDE pathway in calendar year 2020
 - What EDE Entities can do now to prepare for the 2020 audit submission window
- The 2020 audit submission window is March 1, 2020 through June 30, 2020

New FAQs Related to EDE Participation (reminder)

- CMS released a document on [CMS zONE](#) with FAQs related to more specific requirements for two models for EDE participation:
 - Prospective non-issuer upstream EDE Entities engaged in “hybrid” arrangements, and
 - Use of a white-label primary EDE Entity’s environment by a non-issuer
- These FAQs do not address issuer upstream EDE Entities
 - Issuer upstream EDE Entities will remain subject to the requirements for an upstream EDE Entity as defined in the EDE Guidelines released in February 2019
 - The EDE Guidelines can be found [here](#)

Model 1: White-Label Non-Issuer Users (reminder)

- Limited to “minor branding changes only” to the primary EDE Entity’s EDE environment as defined in the EDE Guidelines
- May be utilized by downstream and delegated agents and brokers and non-issuer upstream EDE Entities
- Users within this classification have added no functionality or systems that constitute part of the overall EDE end-user experience
- Not required to maintain a unique partner ID, sign the EDE Business Agreement, or submit an audit

Closer Look at FAQ #7: Responsibilities of an Approved Primary EDE Entity that Provides for White-Label Use of its EDE Environment by Non-Issuer Users

- As stated in the FAQ (located on [CMS zONE](#)), non-issuer white-label users cannot add functionality or systems to the approved primary EDE Entity's EDE environment
 - If the arrangement an entity is pursuing involves the use of a system or website not provided by the primary entity (and therefore not part of its audited and approved platform), then it is likely not a white-label arrangement
- Web-brokers who are approved primary EDE Entities and provide this type of white-label user arrangement to agents and brokers must comply with the requirements in 45 C.F.R. § 155.220(c)(4)

Clarification of Web-Broker Regulatory Standards at 155.220(c)(4)

- Reminder: the Final 2020 Payment Notice was published in the Federal Register on 4/25/2019 (located [here](#)) and it modified 155.220(c)(4)
 - Amendments took effect 6/24/2019
- CMS expects to publish updated or new guidance in the future relevant to these and other regulatory updates in the 2020 Payment Notice
 - Until then, with respect to 45 CFR 155.220(c)(4), entities should refer to the current guidance (located [here](#)) originally released in 2013

Clarification of Web-Broker Regulatory Standards at 155.220(c)(4) (cont.)

- A web-broker may permit another agent or broker to use its website to enroll consumers in a qualified health plan only if the web-broker satisfies the following conditions:
 - a. Provides a list of agents or brokers who enter into such an arrangement, if requested (modified as of 6/24/19)
 - b. Ensure that the web-broker's name and NPN (National Producer Number) prominently appears on the website and on written materials containing QHP information that can be printed from the website

Clarification of Web-Broker Regulatory Standards at 155.220(c)(4) (cont.)

- c. Verify that any agent or broker using the web-broker's website:
 - Is licensed in the State in which the consumer is selecting the QHP, and
 - Has completed all FFM registration requirements
- d. Terminate an agent or broker's access to the web-broker's website if HHS determines the agent or broker is in violation of:
 - The standards in 45 CFR 155.220, and/or
 - Any required agreement between the agent or broker and HHS is terminated
- e. Report to HHS and applicable State departments of insurance:
 - Any potential material breach of standards in 45 CFR 155.220(c) and (d), or
 - The agreement entered into pursuant to 45 CFR 155.260(b)

Model 2: Hybrid, Non-Issuer Upstream EDE Entities (reminder)

- Adds functionality or systems to the overall EDE end-user experience
 - For example, utilization of redirects between a primary EDE Entity's EDE website and a web-broker's classic DE website to constitute the overall EDE end-user experience
- Required to maintain a unique partner ID, sign the EDE Business Agreement, and submit a modified version of an EDE privacy and security audit

Examples of a Hybrid, Non-Issuer Upstream EDE Entity Relationship with a Primary EDE Entity

- **Example 1:** Entity collects data from a consumer on its system for the purposes of completing an Exchange eligibility application or to display QHPs and then redirects the consumer and/or their data to the primary EDE Entity for completing the eligibility application or submitting the enrollment transaction
- **Example 2:** Entity provides a plan selection and enrollment process separate from the primary EDE Entity's EDE environment
 - This may involve any exchange of applicable consumer data (pre-application or post-application) between the two entities' environments to complete plan selection and enrollment or other actions, including post-enrollment communications and action items
- **Example 3:** Entity retrieves, stores, transfers, or manages consumer data obtained or collected through the primary EDE Entity's EDE environment outside of that environment

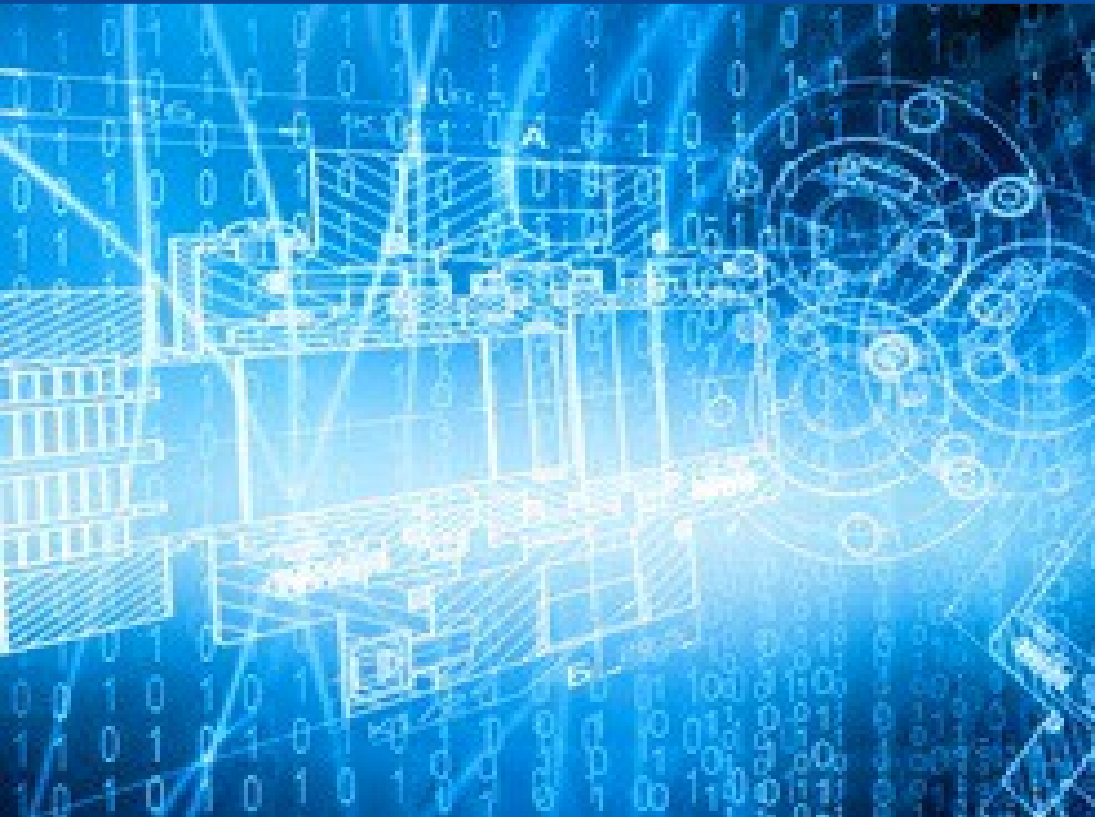
Reminder: Additional Information is Available

- For more information, please refer to the FAQ on [CMS zONE](#) and the slides presented on 7/30/2019, also located on [CMS zONE](#)

Updated ISA Appendix B - Data Sharing and Connection Form (reminder)

- The EDE Interconnection Security Agreement (ISA) Appendix B – Data Sharing and Connection Form is available on [CMS zONE](#)
- The form is intended to capture information about the data connections, functionality, and systems between a primary EDE Entity and its upstream EDE Entities
 - For example, entities must describe the information transmitted between primary and upstream entities (e.g., personally identifiable information [PII] data elements, enrollment information, eligibility information, 834s, etc.) and the privacy and security protections applied to such data (e.g. Memorandum of Understanding [MOU], Business Agreement, etc.)
- **Note:** Primary EDE Entities need to complete all four sections of the form annually and **when onboarding a new upstream EDE Entity** as part of the Interconnection Security Agreement (ISA) and Information Security and Privacy Continuous Monitoring (ISCM) Strategy Guide
- A primary EDE Entity must complete this Appendix and return it via the Secure Portal to CMS
 - Please contact DE Support (directenrollment@cms.hhs.gov) with any questions

Issuers and Classic DE Partners: New FFM Gateway Certificate for UAT0



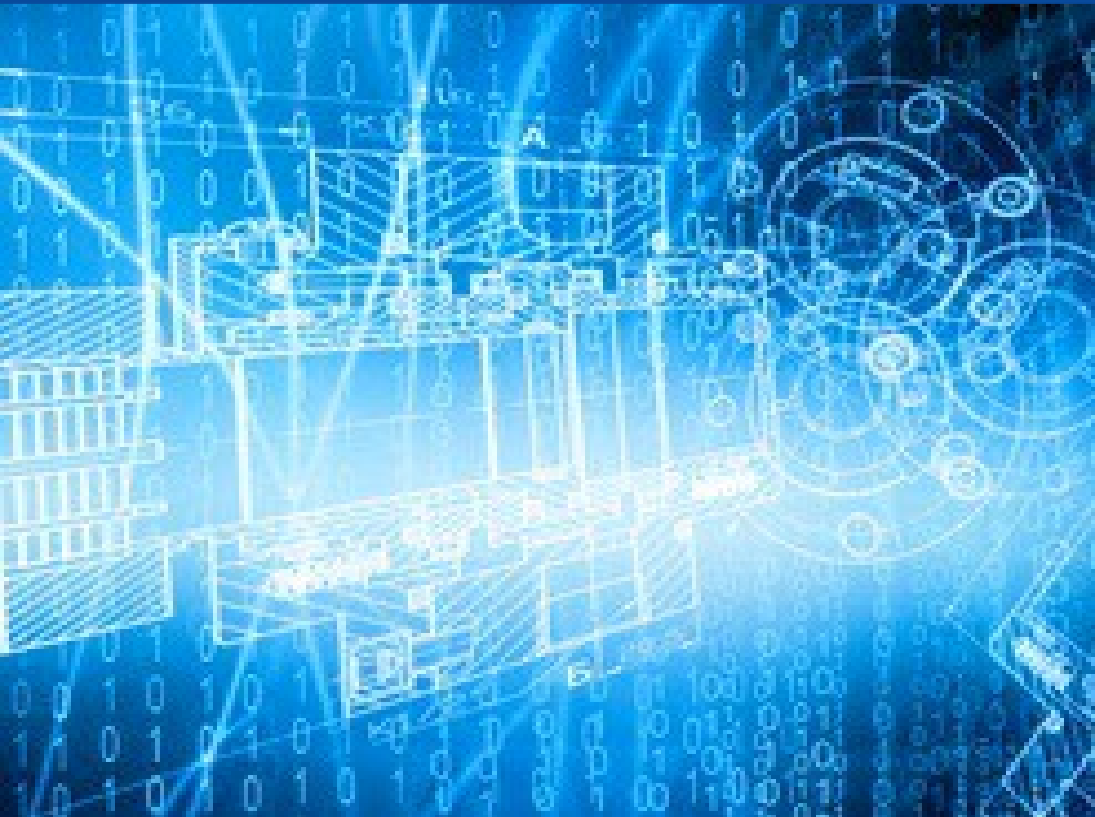
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August 6, 2019

Issuers and Classic DE Partners: New FFM Gateway Certificate for UAT0

- Issuers and Classic DE Partners, please be advised that the FFM gateway certificate will be updated in UAT0 on 8/29, during our 7:00 PM ET deployment
 - The new certificate can be found on zONE at <https://zone.cms.gov/document/ffm-gateway-certificates>
 - Note that this certificate is only used for the Classic DE SAML Redirect and the non-EDE payment redirect in UAT0
 - If an issuer or Classic DE Partner does not authenticate the incoming SAML certificate from the FFM, then no changes are required
 - If an issuer or Classic DE Partner system does authenticate the incoming SAML certificate however, then the issuer or Classic DE Partner will need to update their system to accept the new certificate in alignment with the 8/29 change being made by the FFM

Direct Enrollment (DE) Updates: Enrollment Team



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Reminder for Classic DE Partners: New Unique Partner ID Requirement

- Please be advised that CMS will now be requiring each Classic DE (aka double-redirect) Partner to have their own unique Partner ID
 - While many Classic DE Partners already have unique Partner IDs, there are also many Partner IDs that are currently shared between Classic DE Partners
 - For example, we know that in some instances DE Partner X is providing a Classic DE platform for DE Partner Y and DE Partner Z, and DE Partner X is using their single Partner ID for all of the transactions coming from DE Partner X, Y, and Z
 - » Historically, we have allowed DE Partners to share Partner IDs like this, however we will no longer allow this for the following reasons:
 1. We want each Classic DE Partner to have their own unique Partner ID so that we can better understand where each Classic DE transaction is coming from
 - This allows us to have better reporting and tracking, and also allows us to more easily identify if a problem is occurring via a specific DE Partner
 2. If for some reason we need to suspend a Classic DE Partner, we want to be able to suspend only a specific DE Partner
 - If Classic DE Partners share a Partner ID, when we turn off the Partner ID due to a suspension, it impacts every DE Partner that uses the same Partner ID
- As part of this requirement, Classic DE Partners will need to ensure that only the Partner ID associated with a transaction is used when submitting transactions to the FFM
 - For example, if DE Partner X is providing a Classic DE platform for DE Partner Y, any transactions that originate from DE Partner Y will need to include DE Partner Y's Partner ID, even if DE Partner X is submitting the transactions on behalf of DE Partner Y

Reminder for Classic DE Partners: New Unique Partner ID Requirement

- For those Classic DE Partners sharing a DE Partner ID, note that a new Hub Onboarding Form will need to be completed and sent to dsh.support@qssinc.com
 - If a Classic DE Partner is providing a platform for other DE Partners, the entity providing the platform can complete the form on behalf of the entities they are providing the platform for
 - » The Hub Onboarding Form allows for both primary and upstream entities
 - Primary entities that have upstream entities will receive unique Partner IDs for their upstream entities after submitting an updated Hub Onboarding Form
 - Issuers must list all HIOS IDs within their organization that will use the Partner ID
 - » Issuers can opt to have a single Partner ID for all of their HIOS IDs, or can opt to have an individual Partner ID for one or more of their HIOS IDs
 - The Hub Onboarding Form can be found on zONE at <https://zone.cms.gov/document/hub-onboarding-form>
- If you are unsure whether your organization needs a unique Partner ID, please send any questions to DirectEnrollment@cms.hhs.gov
- Classic DE Partners currently sharing a Partner ID will need to ensure they receive a unique Partner ID **by 8/23/2019**

Update for Classic DE and EDE Partners: Upcoming Fetch Eligibility and Submit Enrollment Schema Changes

- Classic DE and EDE Partners, as a reminder, the following Fetch Eligibility and Submit Enrollment schema changes will be deployed to UAT0 on 8/16, and will be deployed to Prod on 9/15
 - “Category” has been misspelled in “InsurancePlanVariant**Categoy**NumericCode” in the Fetch Eligibility Response for some time
 - The relevant path is: InsuranceApplication/ InsuranceApplicant/ ProgramEligibilitySnapshot/ CSREligibility/ InsurancePlanVariantCategoryNumericCode
 - We will be correcting the spelling (i.e. adding the missing “r”)
 - » DE and EDE Partners using Fetch Eligibility will also need to make the spelling correction at the same time
 - We will be completely removing EnrollmentPeriodCode from both the Fetch Eligibility and Submit Enrollment schemas
 - The relevant paths are:
 - » Fetch Eligibility Response: InsurancePolicy/ InsuranceMember/ EnrollmentPeriodCode
 - » Submit Enrollment Request: PolicyCreationActivity/EnrollmentGroup/InsuranceApplicant/EnrollmentPeriodCode
 - » Submit Enrollment Response: PolicyCreationActivity/EnrollmentGroup/InsuranceApplicant/EnrollmentPeriodCode
 - DE/EDE Partners will also need to remove EnrollmentPeriodCode from their schemas at the same time
 - » If DE/EDE Partners are using EnrollmentPeriodCode for anything outside of Fetch Eligibility or Submit Enrollment, DE/EDE Partners may need to make additional updates to account for this change
 - **Update:** Related to the removal of EnrollmentPeriodCode, we will also be updating the Submit Enrollment Request schema to make the TobaccoUseIndicator required
 - » The relevant path is: PolicyCreationActivity/EnrollmentGroup/InsuranceApplicant/TobaccoUseIndicator
 - » The TobaccoUseIndicator was previously conditionally, “required on initial enrollment for all applicants in the enrollment group,” and, “required for new members to an existing enrollment group on an enrollment change”
- **Update:** The corresponding Hub Business Service Definitions (BSDs) and associated schema packages are now available on zONE at both of the following links:
 - <https://zone.cms.gov/document/direct-enrollment-de-documents-and-materials>
 - The updated Fetch Eligibility and Submit Enrollment API Specs are also available here
 - <https://zone.cms.gov/document/api-information>

Reminder for Classic DE and EDE Partners: Tobacco Rating Defect

- EDE and Classic DE Partners, as a reminder, please be aware that we have a defect that is incorrectly resulting in tobacco statuses being updated in some SEP CIC and non-SEP CIC scenarios
 - This defect results in applicants incorrectly being updated from a tobacco user to a non-tobacco user in some instances, for purposes of premium rating
 - We are seeing incorrect tobacco rerating in the following scenarios:
 - » Tobacco status is incorrectly being updated, when it otherwise shouldn't be, in scenarios where the Submit Enrollment Request includes a TobaccoLastUsageDate that is greater than 6 months in the past
 - » Tobacco status is incorrectly being updated, when it otherwise shouldn't be, in scenarios where the Submit Enrollment Request includes a TobaccoUseIndicator of False
 - » Tobacco status is incorrectly being updated, when it otherwise shouldn't be, in scenarios where the Submit Enrollment Request does not include a TobaccoUseIndicator tag
 - This defect may result in erroneous IncorrectPremiumAmount errors, where DE Partners are correctly rating for tobacco usage during CIC scenarios
 - We are expecting to deploy a fix to UAT0 on 8/16, and then to production on 9/13
 - Note: We will have an earlier than normal code freeze for this release, starting on 8/24
 - » DE Partners are encouraged to test and submit any potential defects by 8/23
 - Potential defects should be submitted to both cms_feps@cms.hhs.gov and CMS.FFM.EDESupport@accenturefederal.com
- As a reminder, Section 7.3.2.7 in the DE API Specs includes tobacco rating guidance/logic
 - The DE API Specs are available on zONE at <https://zone.cms.gov/document/direct-enrollment-de-documents-and-materials>

EDE Partners: Get Enrollment Display Guidance Added to the EDE API Companion Guide

- EDE Partners, as a reminder, you are required to make enrollment data available in your UI, in both the consumer and agent/broker flows
 - At minimum, EDE entities should display the same enrollment data that would be available to a consumer or agent/broker on HealthCare.gov
 - Given we have received a few questions from EDE Partners about what is required to be displayed in relation to the Get Enrollment Response, we have added a section to the EDE API Companion Guide that outlines the minimum data that must be displayed in the EDE Partner's UI
 - » We have also identified the applicable data elements in the Get Enrollment Response
- The updated EDE API Companion Guide can be found on zONE at <https://zone.cms.gov/document/api-information>

EDE Partners: Get Enrollment Display Guidance Added to the EDE API Companion Guide – Display Requirements

- The minimum set of enrollment data that should be displayed to users in the consumer and agent/broker flows includes:
 - All of a consumer's active, terminated, and cancelled policies
 - Pended Plan Selections that have been cancelled must also be displayed
 - All of a consumer's Pended Plan Selections
 - Pended Plan Selections with a `statusType` (`pendedPlanSelectionSummary.currentStatus.statusType`) of `PEND_RELEASED`, do not need to be displayed in the UI
 - » When a Pended Plan Selection is released, a policy is created, and therefore the EDE entity will only display the associated policy
 - The following data associated with each policy or Pended Plan Selection:
 - QHP ID, Plan Name, Start Date, End Date, Total Premium, Applied APTC, Individual Responsibility Amount, Enrollees
- Note, when multiple policies or Pended Plan Selections are returned in the Get Enrollment response, EDE entities should always display the policy or Pended Plan Selection with the latest `insurancePolicyStartDate` first, followed by the policy or Pended Selection with the next latest `insurancePolicyStartDate`, and so on and so forth
 - If multiple policies or Pended Plan Selections are returned with the same `insurancePolicyStartDate`, EDE entities should display any that are active or pended first, followed by any that are cancelled or terminated
 - For example, if the Get Enrollment response includes two policies, one with an 8/1/2019 `insurancePolicyStartDate` and one with a 1/1/2019 `insurancePolicyStartDate`, the EDE entity should prioritize the display of the policy with the 8/1/2019 `insurancePolicyStartDate`.
 - Or for example, if the Get Enrollment response includes two policies with a 1/1/2019 `insurancePolicyStartDate`, and one policy is active and one is cancelled, the EDE entity should prioritize the display of the active policy

Health Insurance Casework System (HICS) to Change Termination Date -When Ending Coverage for Some Members on an Application-



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HICS to Change Termination Date

When Ending Coverage for Some Members on an Application

Ending coverage for some but not all members on an application creates an unpredictable date of last coverage for the member(s) being removed.

- Ending coverage for some but not all members is accomplished by the enrollee reporting a life change (CiC), updating the application to remove someone from coverage.
 - This contrasts with terming all applicants, which uses the Marketplace Account “End Coverage” feature and allows the consumer to choose their term date (no later than December 31 of the Plan Year)
- Because of existing functional restraints, the term date for the removed member is unpredictable, ranging from the day before the change was submitted to 45 days in the future (day before if not associated with an SEP, 15-45 days if it is associated with an SEP). Additionally, CiCs in Open Enrollment (OE) set a different last date of coverage than after OE
- This causes a poor consumer experience, since the removed person cannot control their date of termination

HICS to Change Termination Date , cont'd.

When Ending Coverage for Some Members on an Application

Long Term Strategy: Improve member-level term date functionality in the Marketplace

Short Term: Use Health Insurance Case System (HICS) cases to move up the term date for a member who receives an undesired term date that is beyond the date of the requested change.

- Enrollees ending coverage for some but not all will continue to be advised by Marketplace Call Center to make the request on the day they want the member's coverage ended (see <https://www.healthcare.gov/how-to-cancel-a-marketplace-plan/>)
- The term date could be moved via HICS from any date between the system-assigned future date (as many as 45 days out) to 1 day before the change is reported
 - For example, a husband and wife try to remove the wife from coverage on 10/1 because she is enrolling in Medicare 10/1, with the husband continuing in FFM coverage
 - They are still in the 60- day window of a recent Financial Change SEP, and the system sets the wife's term date as 10/31, with the husband solely on the policy beginning 11/1
 - This means that the wife is left with a month of unwanted QHP coverage that duplicates Medicare
 - This family would be eligible to use HICS to move the term date to any date from 10/31 to 9/30

HICS to Change Termination Date, cont'd.

When Ending Coverage for Some Members on an Application

- The request must be made by the enrollee no later than the initial member-level term date set by the FFM (no later than 10/31 in the example above)
- The Issuer would process the HICS and use automated reconciliation to report the changed term date. The issuer should check the next Pre-Audit File to ensure that the FFM changed the member term date.

The HICS path would be “Cancellation/Termination Request” and would have standard language & enrollment identifiers to assist issuers with processing it with the template language below:

“[Consumer X] was removed from Marketplace coverage [Application ID] and all other members remain in coverage on the application. The consumer’s intended termination date is [XX/YY/YYYY] but functionality limitations provided him/her with a termination date of [AA/BB/CCCC]. Per CMS guidance provided to issuers, please update the termination date in your system to XX/YY/YYYY and reconcile with the FFM as appropriate. If the termination date is moved sooner than the original system assigned date, use automated reconciliation.”

Changing Dependent Termination Date Example

- Jane and John Doe enroll in coverage effective January 1st, 2019
- On March 10th, they request termination of John's coverage and are given a termination date of April 30th by the FFM
- John requests termination of coverage effective March 31st rather than April 30th, which is sent to the Issuer via HICS
- As reconciliation business rules accept changes to start dates from Issuers and earlier end dates from Issuers, the combination sent here will realign the date of the member termination appropriately:

Member	FFM Start Date	Issuer Start Date	Start Date Flag	FFM End Date	Issuer End Date	End Date Flag
Jane Doe	1/1/2019	1/1/2019	M	4/30/2019	3/31/2019	F
John Doe	1/1/2019	1/1/2019	M	4/30/2019	3/31/2019	F
Jane Doe	5/1/2019	4/1/2019	F	12/31/2019	12/31/2019	M

Housekeeping: Enrollment Pre-Audit & Reconciliation



Enrollment Pre-Audit & Reconciliation

August 6, 2019

Housekeeping: Pre-Audit & Reconciliation

- **Prior Plan Years (2014-2018)**
 - The next set of 1095-A Consumer-Initiated Dispute Update (1095Ax) Files is scheduled for distribution to Issuers tomorrow, Wednesday, August 7th
- **Plan Year 2016**
 - This month's 2016 FFM extract is scheduled for Thursday, August 15th at 6PM EDT
 - Comprehensive Enrollment Pre-Audit (AUD16) Files based upon that extract are scheduled for distribution to Issuers on Wednesday, August 21st
 - The RCNI16 submission deadline for the next 2016 off-cycle Reconciliation process is **Wednesday, September 4th at 3PM EDT**
 - As a reminder, these files must be submitted in the new v5.11 format

Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2017**

- This month's 2017 FFM extract is scheduled for Thursday, August 15th at 6PM EDT
- Comprehensive Enrollment Pre-Audit (AUD17) Files based upon that extract are scheduled for distribution to Issuers on Tuesday, August 20th

- **Plan Year 2018**

- This month's 2018 FFM extract is scheduled for Thursday, August 15th at 6PM EDT
- Incremental Pre-Audit (ISIPA8) Files based upon that extract are scheduled for distribution to Issuers on Monday, August 19th

Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2019**

- This month's 2019 FFM extract is scheduled for Thursday, August 15th at 6PM EDT
- Comprehensive Enrollment Pre-Audit (AUD9) Files based upon that extract are scheduled for distribution to Issuers on Monday, August 19th
- The RCNI9 submission deadline for August's Run 9 is **Thursday, August 22nd at 3PM EDT**
 - As a reminder, these files must be submitted in the new v5.11 format

2019 Off-Cycle Reconciliation Process

- CMS has completed the 2019 off-cycle Reconciliation process, providing Issuers an opportunity to test file submission in the new v5.11 format ahead of August's production Run 9
 - The RCNI9 submission deadline for the 2019 Off-Cycle was last Thursday, August 1st at 3PM EDT
- Participating Issuers will receive a full 2019 Outbound Reconciliation (RCNO9) File in the v5.11 format today, Tuesday, August 6th
 - As a reminder, CMS **will not** make any updates to FFM data during the off-cycle reconciliation process
- Common issues found in the off-cycle:
 - File-Level validation failure due to incorrect number of fields
 - Remember, there should be no trailing pipes on RCNI records
 - Leading zeroes on Cancellation and Termination Reason Codes
 - These codes should be one- or two-character numeric codes with no leading zero, i.e. **6** for non-payment rather than 06

Updated Documentation Posted to zONE

- As a reminder, CMS recently published updates to the Pre-Audit and Reconciliation Calendar, as well as the Pre-Audit and Monthly IPA File Delivery Cadence Document
 - These updated documents are available on zONE at:
 - <https://zone.cms.gov/document/pre-audit-and-recon-calendar-and-file-specification>
- CMS has also published an updated Standard Enrollment Files Document (v2.7) to reflect the files currently being distributed to Issuers on a regular basis and minor updates to the new Pre-Audit, RCNI, and RCNO File Specs (v5.11)
 - The only change to the file specs is adding two new Cancellation/Termination Reason Code values (13 – Death and 14 – Rescission) to align with the implementation of those new AMRCs
 - There is no change to the file structure from v5.1 in v5.11
 - These documents are available on zONE at:
 - <https://zone.cms.gov/document/enrollment-data-reconciliation>

Updated Cancellation/Termination Reason Code Table

Reference Code	Description	Inbound/ Outbound	Cancel AMRC	Termination AMRC
1	Voluntary Withdrawal	Outbound	CANCEL	TERM
2	No Longer Eligible (NLE) Due to Unresolved Data Matching Issue (DMI)	Outbound	CANCEL-NLE	TERM-NLE
3	Change in Circumstance (CIC)	Outbound	CANCEL-CIC	TERM-CIC
4	Stop QHP Due to Other Coverage	Outbound	n/a	TERM-OTH-COVERAGE
5	BAR Carry-Forward Cancel	Outbound	CANCEL-CARRYFORWARD	n/a
6	Non-Payment	Inbound	CANCEL	TERM
7	Free Look Cancel	Inbound	CANCEL-FLC	n/a
8	HICS	Inbound	CANCEL-HICS	TERM-HICS
9	Fraud	Inbound	CANCEL-FRD	TERM-FRD
10	Anti-Duplication	Inbound	CANCEL-ANTIDUPLICATION	TERM-ANTIDUPLICATION
11	Out of Area	Inbound	CANCEL-OUT-OF-AREA	n/a
12	Other	Inbound	CANCEL-OTH	TERM-OTH
13	Death	Outbound	CANCEL-PDM	TERM-PDM
14	Rescind Coverage	Inbound	CANCEL-RESCIND	n/a

ER&R



- ✓ **Topics**
 - ✓ Semi-Monthly Detailed Report Distribution
 - ✓ Refresher: HICS Direct Dispute Submission Requirements
- ✓ **Q&A**

August 6, 2019

Semi-Monthly Detailed Report Distribution

- Due to a technical issue, ER&R did not distribute semi-monthly reports to issuers as scheduled on Thursday, August 1st. The reports were delivered on Monday, August 5th instead.
- The August 5th reports will be distributed as normal via Electronic File Transfer (EFT) using the ERRD function code for enrollment disputes and ERRZ function code for payment disputes.

Refresher: HICS Direct Dispute Submission Requirements

- Issuers recently submitted both a HICS Direct Dispute and an Enrollment Dispute for the same HICS case at the same time.
- Issuers should not submit Enrollment Disputes for updates that are submitted through the HICS Direct Dispute process.
- For dispute types eligible for the HICS Direct Disputes:
 - If the HICS Case is Open, or if it has been closed for less than 30 days, the issuer should submit through the HICS Direct Dispute Process.
 - If the HICS Case is closed for more than 30 days, the issuer should submit the update through the Enrollment Dispute Form.
- ER&R processed a number of cases without a comment or containing a comment that doesn't meet the requirements for that type of dispute.
 - When submitting a HICS Direct Dispute, issuers must enter a note in the HICS Case to provide ER&R with guidance on the requested corrections.
 - Issuers should not enter the filename of the Dispute Form that they submitted to ER&R as a comment.
 - Issuers should consult the HICS Direct Disputes Master Guidance and HICS Direct Dispute Cheat Sheet for guidance regarding creating appropriate comments:
<https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>

CMS Issuer Technical Workgroup Call Appendix

To view the full Appendix, please visit CMSzONE at the following url:

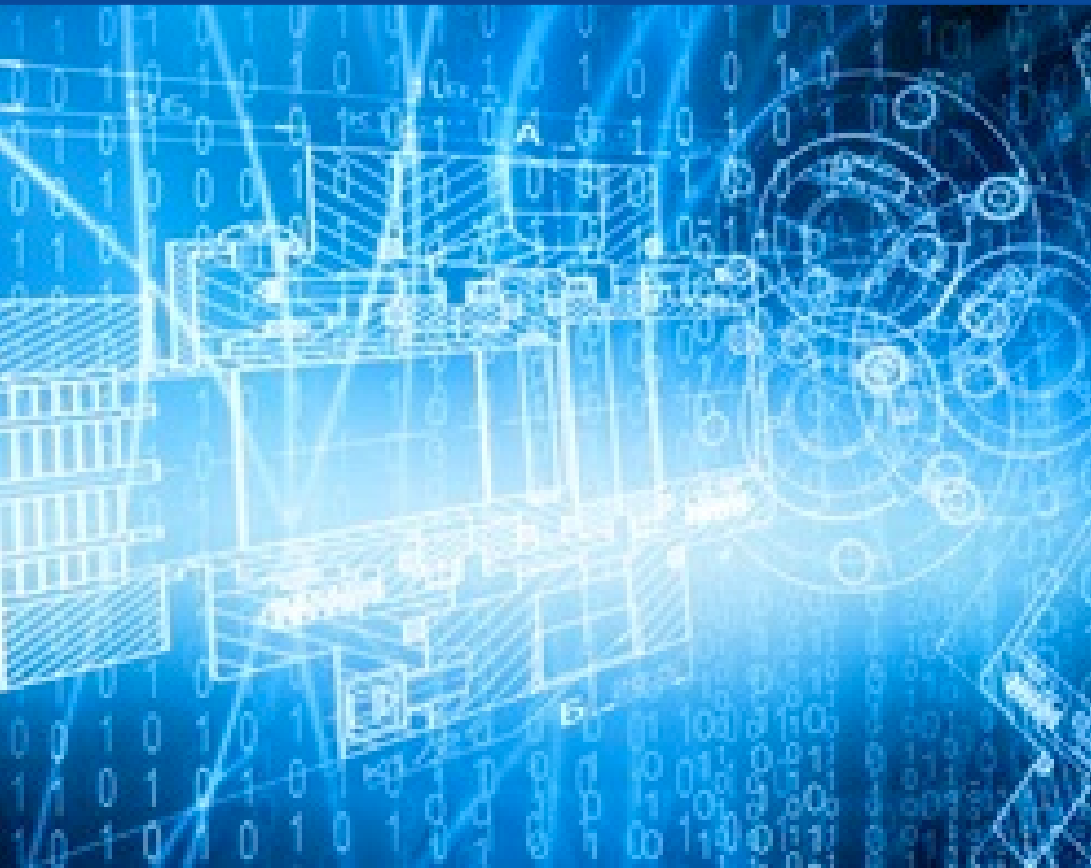
https://zone.cms.gov/system/files/documents/issuer_technical_slides_appendix_a_2018_3_20_v1.pdf

Updating Contact Information for the Marketplace

4/30/2019

confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Updating Contact Information for Marketplace Issuers

- 
- **New Series for the CMS Issuer Technical Workgroup Calls**
 - **Requesting Updates to the CMS Issuer Distribution List**
 - **Issuer Notifications: Updating IC834 Contacts**
 - **2018 Prep: Updated Recon Technical Contacts Needed**
 - **2018 Prep: Updated ER&R Contacts Needed**

July 15, 2019

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Issuer Notifications: Updating IC834 Contacts

Inbound834 (IC834) Contacts

- Issuer Organization and Clearinghouse members may be contacted through Inbound834@bah.com with notifications for high volume failure, low success rates, and summary reports based on weekly Inbound 834 submissions
- CMS encourages Issuers to identify key technical POCs to receive both outreach communications and performance reports so any errors received for failed transactions can be corrected and resubmitted for application in the Marketplace
- To update the contact list for your HIOS IDs (add or remove members), please follow one of the two options listed below:
 - Create and send an updated EDI onboarding form or;
 - Send an e-mail to Inbound834@bah.com with the new contact addresses

2019 Prep: Updated Recon Technical Contacts Needed

Enrollment Data Reconciliation Technical Contacts

- Reconciliation Technical Contacts for your organization will be contacted by CMS resources in regard to any technical issues identified in Issuer-submitted Inbound Reconciliation (RCNI) Files
- Please designate a primary and secondary contact or group e-mail address to ensure any issues can be addressed in a timely fashion
- To submit the Enrollment Data Reconciliation Technical Contacts to CMS:
 - Send an e-mail to the Help Desk (cms_feps@cms.hhs.gov) with the subject line “RECONCILIATION – TECHNICAL CONTACTS”
 - Please include the name, e-mail address, and business telephone number for each contact provided

2019 Prep: Updated ER&R Contacts Needed

Enrollment Resolution & Reconciliation (ER&R) Contacts

- Cognosante, the Marketplace Enrollment Resolution & Reconciliation (ER&R) contractor, will be responsible for conducting analysis to resolve discrepancies between data provided by Issuers and FFM data
- As direct contact with the Issuers may often prove to be the most reliable method of resolving issues, CMS is requesting that each Issuer provide a primary and secondary contact with whom the ER&R contractor can have direct communications
- If there are distinct contacts for different lines of business within the Issuer organization, please clearly identify which contacts are appropriate for each HIOS ID and/or QHP ID
- The requested contacts are to be individuals able to assist in resolving conflicts with member information; **these individuals are more likely to be business end-users rather than EDI or IT representatives**
- To submit the Enrollment Resolution & Reconciliation Contacts to CMS:
 - Send an e-mail to the Help Desk (cms_feps@cms.hhs.gov) with the subject line "RECONCILIATION – ERR CONTACTS"
 - Please include the name, e-mail address, and business telephone number for each contact provided

Register for QHP Certification Updates

CMS sends updates and information during the certification period in several ways:

REGTAP

- Register for the [REGTAP portal](#) to get CMS technical assistance related to Marketplace and Stabilization programs that are not a part of the Marketplace Plan Management Group (MPMG). Registered users can access the library training resources, webinars, and the inquiry tracking and management system.
- Registered REGTAP users who are affiliated with an issuer organization and elect to receive notifications will automatically be subscribed to *Issuer Insights*, a bi-weekly e-newsletter that highlights upcoming deadlines, new trainings and webinars, and updates on guidance.

Application Notices

- CMS will send information about your specific application and needed corrections directly to each issuer during the QHP certification period.

HIOS Blasts

- To get QHP Application and certification announcement blasts from HIOS, make sure your contact information in HIOS is current and accurate.

Source - <https://www.qhpcertification.cms.gov/s/Register%20for%20Updates>

Plan Management QHP Certification Updates

Contact Information in HIOS

Add New Contacts

- In order for a contact to receive these notices, they must be assigned to the role of QHPValidator, QHPAttester, or QHPSubmitter in HIOS. For instructions on adding these roles, see section 5 of the Plan Management QHP Modules HIOS Quick Reference Guide.

Remove Contacts

- To remove contacts from the distribution list or from your organization, contact the Marketplace Service Desk (MSD) Help Desk at CMS_FEPS@cms.hhs.gov and use the language specified below.
 - Remove contacts from notice distribution list: Use the subject line “HIOS User Roles” and the following language: “Please remove contact: [Full Name], [Email Address], from the roles of QHPValidator, QHPAttester, and QHPSubmitter for issuer ID [XXXXX].”
 - Remove contacts from issuer organization: Use the following language: “Please remove contact: [Full Name], [Email Address], from all HIOS user roles associated with issuer ID [XXXXX].”

For a list of QHP Application Notices sent during QHP Certification:

<https://www.qhpcertification.cms.gov/s/QHP%20Application%20Notices>

HIOS Quick Reference Guide:

<https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/HIOS-PF-QuickGuideProd-000100.pdf>

Source - <https://www.qhpcertification.cms.gov/s/Register%20for%20Updates>

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